

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN6101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  10/01/2012
NAME OF PROVIDER OR SUPPLIER  BROOKWOOD NURSING CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 332 RIVER ROAD DECATUR, TN 37322		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 415	<p>1200-8-6-.04(10) Administration</p> <p>(10) When licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee.</p> <p>This Rule is not met as evidenced by: Based on review of five personnel files and interview, the facility failed to ensure medical screening to exclude tuberculosis for one employee file reviewed, failed to check the abuse registry for two of five employee files reviewed, and failed to complete reference checks for five of five employee files reviewed.</p> <p>The findings included:</p> <p>Review of five employee files revealed there was no screening to exclude tuberculosis for one of the five employee files reviewed, the abuse registry was not checked for two of the employee files reviewed, and there were no reference checks for five of the five employee files reviewed.</p> <p>Interview on September 24, 2012, at 1:05 p.m., with the Director of Nursing (DON), in the DON's office confirmed there was no screening to exclude tuberculosis for one of the five employee files reviewed, the abuse registry was not</p>	N 415	<p>N415</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <ol style="list-style-type: none"> <li>Employee personnel files were reviewed and completed to include TB skin test for 1 employee and Abuse Registry check for 2 employees by the DON and ADON on 9/25/12.</li> </ol> <p>How will you identify other residents having the potential to be affected by the same alleged practice(s) and what corrective action will be taken?</p> <ol style="list-style-type: none"> <li>Employee personnel files will be audited by Human Resource/Payroll monthly, beginning in October, to ensure completeness and accuracy.</li> </ol> <p>What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice(s) does/do not reoccur?</p> <ol style="list-style-type: none"> <li>Human Resource/Payroll will check each new employee personnel file for completeness</li> </ol>		

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

8899

216H11

If continuation sheet 1 of 2

Division of Health Care Facilities

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N 415	Continued From page 1  checked for two of the employee files reviewed, and there were no reference checks for five of the five employee files reviewed.	N 415	and accuracy prior to filing personnel file, beginning in October.  How will the corrective action(s) be monitored to ensure the alleged deficient practice(s) will not reoccur; what quality assurance program will be put into place.  1. Human Resource/Payroll will report compliance with complete, accurate personnel files to the QA Committee monthly x 3 months beginning in October.	11/15/12	